



City of Watertown, Municipal Civil Service
245 Washington Street, Room 205
Watertown, NY 13601
(315) 785-7733

APPLICATION FOR TEMPORARY EMPLOYMENT

Civil Service use- approved
titles only.

Title of Position

Answer all questions fully. Attach additional sheets and documents if needed to give complete information. An incomplete application may result in disapproval. **A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE.**

PLEASE PRINT OR TYPE

1. Social Security Number ____/____/____		7. Check appropriate box: A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes <input type="checkbox"/> No <input type="checkbox"/> B. Did you ever resign from any employment rather than face dismissal? Yes <input type="checkbox"/> No <input type="checkbox"/> C. Did you ever receive a discharge from the Armed Forces of the United States which was less than "Honorable"? Yes <input type="checkbox"/> No <input type="checkbox"/> D. Have you ever been convicted of any crime (felony or misdemeanor)? Yes <input type="checkbox"/> No <input type="checkbox"/> E. Have you ever forfeited a bail bond posted to answer any criminal charge (felony, misdemeanor or violation including traffic infractions)? Yes <input type="checkbox"/> No <input type="checkbox"/> F. Are you now under charges for any crime (felony, misdemeanor or violation including traffic infractions)? Yes <input type="checkbox"/> No <input type="checkbox"/> G. Have you ever violated probation or parole pursuant to judgment of a court? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered "YES" to any of the questions 7 A-G above, you must give specifics. (Attach additional page) If such explanation is insufficient, a confidential investigation supplement will be sent to you. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.		
2. Legal Name:				
Last Name First Name M.I.				
Mailing Address (Can be PO Box #)				
City/State/Zip				
Phone Number (include area code)				
Home: _____ Other: _____ Circle: work or cell				
<u>LEGAL ADDRESS</u> (if different from mailing address)		8. Driver's License # _____ State of Issue: _____ Expiration Date: _____ Class: _____ 9. License and/or Certification: Is this certification permanent? Yes <input type="checkbox"/> No <input type="checkbox"/> Skill, Trade or Profession: _____ License/Certificate#: _____ Name of Issuing Agency: _____ Valid From: _____ To: _____		
Number/ Street/ City/ State/ Zip				
Email Address (Print Clearly)				
3. Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, do you have the legal right to accept employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Non-citizens may be required to produce I-151 or I-551 Alien Registration Cards.)				
4. Are you at least 18 years of age: Yes <input type="checkbox"/> No <input type="checkbox"/> <u>UNDER 18 MUST SUBMIT A WORK PERMIT.</u>				
5. Education: Do you have a High School Diploma? Yes <input type="checkbox"/> If yes, name of school: _____ Year graduated: _____ No <input type="checkbox"/> If no, anticipated date of graduation: _____ If you have received a GED: Issuing Authority: _____ Date of Issue: _____				
6. Education Above High School: Name of School: _____ Location (City/ State): _____ Course or Major: _____ Degree Received: AAS BS/BA MA (Circle One)				
FOR CIVIL SERVICE USE ONLY DATE RECEIVED <div style="border-left: 1px solid black; padding-left: 10px;"><input type="checkbox"/> Approved <input type="checkbox"/> Conditional <input type="checkbox"/> Disapproved Reason: _____ Received by: _____</div>				

Work Experience:

Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. **The number of years required in the minimum qualifications is based upon full-time paid employment**. You are responsible for submitting an accurate, adequate and clear description of your experience. You may attach additional sheets.

Job Title: _____ Start Date: _____ End Date: _____ Hours/Week: _____
(Month/Year) (Month/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Full Time ☐ Part Time ☐ Volunteer ☐ Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hours/Week: _____
(Month/Year) (Month/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Full Time ☐ Part Time ☐ Volunteer ☐ Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hours/Week: _____
(Month/Year) (Month/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Full Time ☐ Part Time ☐ Volunteer ☐ Reason for leaving: _____

FAILURE TO SIGN APPLICATION WILL RESULT IN DISAPPROVAL**CONSTITUTIONAL OATH**

(Signing the constitutional oath is required)

I do hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York, and I will faithfully discharge the duties of the position specified on this application according to the best of my ability.

SIGNATURE: _____

Date: _____

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. IT IS A CRIME, PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN. MIS- REPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR SUBSEQUENT DISCHARGE FROM EMPLOYMENT.

THIS DECLARATION MUST BE COMPLETED: I declare, subject to the penalties of law, that the statements made in this application (including any accompanying papers) are true and complete to the best of my knowledge. I authorize the City of Watertown to contact school/college and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I further authorize the City of Watertown to obtain my NYS driver's abstract via the License Event Notification System if possession of a driver's license is a qualification for my position I understand that acceptance of this application by the City of Watertown does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

SIGNATURE: _____ Date: _____

Indicate any other surnames (last name) by which you are or have been known.